Fill in this information to identify the case:	
United States Bankruptcy Court for the:	
Eastern District of Washington	
Case number (If known):	Chapter 11

Q Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Sunnyside Home Health	Sunnyside Home Health		
2. All other names debtor up in the last 8 years	1/1 / A 4 ' TT TT 1/1			
Include any assumed names, trade names, and doing busin as names				
3. Debtor's federal Employ Identification Number (E				
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business		
	812 Miller Ave.	900 W. Chestnut Ave.		
	Number Street	Number Street		
	C'4- A			
	Suite A	P.O. Box		
	G '1 WA 00044	Yakima, WA 98902		
	Sunnyside, WA 98944 City State ZIP Code	City State ZIP Code		
		Location of principal assets, if different from principal place of business		
	Yakima			
	County	Number Street		
		City State ZIP Code		
5. Debtor's website (URL)	https://www.astria.health/			
6. Type of debtor	X Corporation (including Limited Liability Company)	(LLC) and Limited Liability Partnership (LLP)		
o. Type of debtor	Q Partnership (excluding LLP)	(LLO) and Limited Liability Farthership (LLF))		
	Q Other. Specify:			
	1 /			

Del	Sunnyside Home H	ealth ca	ıse numbe	er (if known)			
_	Describe debter's business	A. Checi	cone:				
7. Describe debtor's business		X Heal	th Care I	Business (as defined	in 11 U.S.C. § 101(27A))	
		q Singl	e Asset F	Real Estate (as defin	ed in 11 U.S.C. § 10)1(51B))	
		Q Railro	oad (as d	lefined in 11 U.S.C. §	3 101(44))		
		q Stock	broker (a	as defined in 11 U.S.	C. § 101(53A))		
		q Com	nodity B	roker (as defined in 1	1 U.S.C. § 101(6))		
		q Clear	ing Bank	(as defined in 11 U.	S.C. § 781(3))		
		q None of the above					
		B. Checi	all that	apply:			
		X Tax-exempt entity (as described in 26 U.S.C. § 501)					
		q Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)					
		Q Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))					
				American Industry C		n) 4-digit code that best	describes debtor. See
		622		<u> </u>			
8. Under which chapter of the Bankruptcy Code is the		Check o	ne:				
	debtor filing?	Q Chap	ter 7				
	•	Q Chap					
				Check all that apply:			
			(insiders or affiliate		quidated debts (excludi 725,625 (amount subje	
			C	debtor is a small to of operations, cas	ousiness debtor, atta h-flow statement, a	or as defined in 11 U.S. ach the most recent bal nd federal income tax re ocedure in 11 U.S.C. §	ance sheet, statement eturn or if all of these
			(\mathbb{q}^{A} A plan is being file	ed with this petition.		
			(e plan were solicite dance with 11 U.S.0	d prepetition from one	or more classes of
			(Securities and Ex Exchange Act of 1	change Commission 1934. File the <i>Attach</i>	reports (for example, 1 n according to § 13 or 1 nment to Voluntary Peti icial Form 201A) with th	5(d) of the Securities tion for Non-Individuals Filing
			(The debtor is a sh	ell company as defi	ned in the Securities E	xchange Act of 1934 Rule
		q Chap	ter 12				
9.	Were prior bankruptcy cases filed by or against the debtor	X No					
	within the last 8 years?	$q \ {\hbox{\rm Yes.}}$	District		When MM / D	Case number	
	If more than 2 cases, attach a separate list.		District				
10.	Are any bankruptcy cases	q No					
	pending or being filed by a	-		G 1	1.11		
	business partner or an affiliate of the debtor?	X Yes.		See attacl			
	List all cases. If more than 1,		District			When	MM / DD /YYYY
	attach a separate list.		Case nu	mber, if known			

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12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

Debtor

q No

X Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

X A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

Why does the property need immediate attention? (Check all that apply.)

q It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard?

C] It needs to be physically secured or protected from the weather.

X It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

x Assets include perishable goods.

Where is the property? 812 Miller Ave., Suite A, Sunnyside, WA 98944 Is the property insured?

q No

 ${\bf X}~{
m Yes.}$ Insurance agency HUB

Jeff Barrom Contact name

(509) 837-3711 Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

x Funds will be available for distribution to unsecured creditors.

Q After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

15. Estimated assets

x 1-49 q 50-99 q 100-199 q 200-999

q 1,000-5,000 **q** 5,001-10,000 Q 10,001-25,000

q 50,001-100,000 Q More than 100,000

Q 25,001-50,000

q \$0-\$50,000 x \$50,001-\$100,000 **q** \$100,001-\$500,000 **Q** \$1,000,001-\$10 million **q** \$10,000,001-\$50 million

q \$500,000,001-\$1 billion **q** \$1,000,000,001-\$10 billion **q** \$10,000,000,001-\$50 billion

Q \$500,001-\$1 million

Q \$50,000,001-\$100 million **q** \$100,000,001-\$500 million

Q More than \$50 billion

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Voluntary Petition for Non-Individuals Filing for Bankruptcy

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16. Estimated liabilities

Debtor

r \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million

Executed on ___

MM / DD / YYYY

\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million

\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

	Signature of authorized representative of debtor	John M. Gallagher Printed name	
	Title President & Chief Executive Offi	<u>cer</u>	
18. Signature of attorney	/s/James L. Day Signature of attorney for debtor	Date	
	James L. Day Printed name		
	Bush Kornfeld LLP Firm name		
	601 Union Street, Suite 5000 Number Street		
	Seattle, WA 98101	State ZIP Code	
	(206) 521-3858 Contact phone	jday@bskd.com Email address	
	20474 Bar number	Washington State State	

I. Supplement to Question #10 - Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

Debtor: Astria Health	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	
Debtor: Glacier Canyon, LLC	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	
Debtor: Kitchen and Bath Furnishings, LLC	Relationship: Subsidiary
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	
Debtor: Oxbow Summit, LLC	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	
Debtor: SHC Holdco, LLC	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	
Debtor: SHC Medical Center – Toppenish	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	
Debtor: SHC Medical Center – Yakima	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	
Debtor: Sunnyside Community Hospital Association	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	
Debtor: Sunnyside Community Hospital Home	Relationship: Affiliate
Medical Supply, LLC	
District: Eastern District of Washington	When: <u>Same filing date.</u>
Case number, if known: <u>Unknown</u>	
Debtor: Sunnyside Professional Services, LLC	Relationship: Affiliate
District: Eastern District of Washington	When: <u>Same filing date</u> .
Case number, if known: <u>Unknown</u>	
Debtor: Yakima Home Care Holdings, LLC	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.

Debtor Sunnyside Home Health	Case number
Case number, if known: <u>Unknown</u>	
Debtor: Yakima HMA Home Health, LLC	Relationship: Affiliate
District: Eastern District of Washington	When: Same filing date.
Case number, if known: <u>Unknown</u>	<u> </u>